

SECTION 9
ATTACHMENT B
QUALIFIED VENDOR APPLICATION AND DIRECTORY SYSTEM

1. Introduction

The Division has released the first version of the Qualified Vendor Application and Directory System (QVADS or System). This first release collects information from Qualified Vendor Applicants as part of the Request for Qualified Vendor Applications (RFQVA) process for all outstanding RFQVAs. Later releases of the System will, on an ongoing basis, collect information from Qualified Vendors and independent providers for compilation in the Division's Qualified Vendor Directory.

In order to complete the application process, Applicants for Qualified Vendor Agreements must use the System to enter information for submittal to the Division's website as well as to generate the hard copy Application that must be signed and sent (with supporting documentation) to the Division. The following assumes that the Applicant is not a Qualified Vendor nor submitting an Application for more than one RFQVA. However, the System will accommodate Applicants who already are Qualified Vendors or are submitting an Application for more than one RFQVA. Section 3 of the RFQVA outlines the information that must be submitted in hard copy if the Applicant is already a Qualified Vendor for another service or is submitting an Application for more than one RFQVA.

The Directory component of the System, which will be released at a later date, will collect additional information from Qualified Vendors that will be used to create a Directory to facilitate consumer choice, and to match Qualified Vendors with consumers who refuse or fail to choose a provider. The Directory component of the System will also collect information from independent providers that are not Qualified Vendors.

As this System is still in development, the information contained in this discussion is intended to provide Applicants and other interested parties with guidance about the information that will be required to complete an Application for Qualified Vendor status, and the information that Qualified Vendors may choose to submit for inclusion in the Directory. As mentioned above, the Application component of the System is now available, and the Directory component of the System will be available later in the summer. All notices announcing the availability of the System's components will be posted on the Division's website at www.de.state.az.us/ddd.

2. Information Entry Structure

This discussion presents all of the information elements that will be required for the Qualified Vendor Application as well as the optional information that Qualified Vendors may choose to submit when the Directory component of the System becomes available. The required elements must be provided in order for the Qualified Vendor Application and Directory System to accept the Qualified Vendor Application.

Information for the System will be requested using the following structure:

1. Registration with the System. Applicants will register with the System in order to receive a password and gain access to the Qualified Vendor Application.
2. Vendor contract information. This feature of the System will collect information such as vendor name, street address, contact person, etc. (See “4. Vendor Application Contract Information” below.)
3. Qualified Vendor Application Assurances and Submittals form. This feature must be completed for the application process. (See “5. Qualified Vendor Application Assurances and Submittals” below.)
4. General vendor policy information. This feature collects information required for the application process relating to such items as the recruitment and training policies and the quality management plan of the Applicant. (See “6. General Vendor Policy Information” below.)
5. Administrative sites. This feature is only partially activated for the Application release. When the Directory release is made available, certain information regarding each administrative site operated by the Qualified Vendor will be required, and additional information will be optional. (See “7. Administrative Sites” below.)
6. General information on the service provided. Part of this feature is included in the Application component of the System, primarily to collect a program description for the service offered by the Applicant. In future releases, optional information such as staffing and references can be supplied by the Qualified Vendors. (See “8. Specialized Habilitation with Music Component” below.)
7. Geographic area/site information. This feature is not included in the Application release, but will be included in the Directory release. This feature will collect specific information about capabilities and capacity for the service, for each geographic area/site in which the service is to be provided (some of this information is required, and other information is optional). (See “9. Specialized Habilitation with Music Component Site Specific Information” below.)

The discussions that follow contain descriptions of the information that will be collected for both the Application release and the subsequent Directory release of the System. As a general rule, the information designated as required will have to be submitted with the Qualified Vendor Application and the information designated as optional may be submitted for the Directory.

The Directory will be used by consumers to identify potential providers and by the Division to match consumers’ service needs with providers. The more information given by an Applicant, the more likely that a consumer will identify that provider’s programs as meeting his/her needs. For example, if some of an Applicant’s direct service staff is bilingual, but this information is not provided, the Qualified Vendor Application can still be approved, but consumers requiring bilingual service staff will not find a match on that Qualified Vendor’s service if they make this

part of their search criteria. Thus, providing requested information will result in more matches when consumers search for services. Note that Qualified Vendors may update the optional information in the System, but changes to required items will require Division approval.

3. Instructions

To register with the System, the Applicant will enter their vendor name, contact name and telephone number, their FEIN or SSN, their email address, and a password. The System will respond to the email address with a link to a secure section of the Qualified Vendor website. The Applicant will use their user name (email address) and password at this secure website for all future System interaction.

It will not be necessary to complete all information in one session. The Applicant will be able to save and leave the System and to sign on later and resume filling information where they left off. Also, it will be possible for more than one person to provide information. For example, one person may fill in all of the general information, but a different administrator may sign in using the Applicant's user name and password and provide information about the service. When the Applicant has entered all of the necessary information, the Application shall be submitted electronically for review and evaluation by the Division. The System will provide the capability for the vendor to print the Application and Qualified Vendor Agreement Award signature form, the Qualified Vendor Application Assurances and Submittals form, and all sections that were completed so that they may be signed and submitted to the Division as required to complete the Application.

Once the electronic information is submitted, it cannot be amended until after it has been processed as a Qualified Vendor Application. The amendment module of the System will be available at a later date. Applicants are advised to monitor the Division website for announcements regarding this component.

The following sections identify the information that the System will collect for Specialized Habilitation with Music Component. Failure to provide information in the required fields will cause the Application to be considered incomplete, and the Application will not be accepted by the Division's website until that information is provided and the Application is complete.

NOTE: When "½ page" is indicated, the System may accept more than ½ page. Applicants are strongly encouraged to limit their responses to ½ page. The Division reserves the right to truncate the response when responses longer than ½ page are prepared for publication in the Directory.

4. Vendor Application Contract Information

For this section, the vendor shall identify their Federal Employer Identification number (FEIN) or Social Security number (SSN), AHCCCS ID, executive/owner name, and whether they are an agency, independent professional provider or an independent provider. The Applicant must provide their street, mailing, and payment/billing addresses, and contact information including telephone numbers and email address. They may also include fax numbers and their website

URL. Finally, the Applicant shall identify all services that they wish to provide in State Fiscal Year (FY) 2004. For each service, the Applicant should indicate whether they have a current valid contract or agreement with the Division by listing contract number(s).

5. Qualified Vendor Application Assurances and Submittals

This section requires assurances and submittals from the Applicant. The Applicant must respond to each of the following items and, when submitting the hard copy of the Qualified Vendor Application, include hard copies of the applicable submittals in order to complete the Application and to be considered for Qualified Vendor status: (all items required)

1. Does the Applicant agree to maintain and comply with all certification(s) and/or registration(s) required by Arizona law, rules, or policy for the provision of each developmental disability service applied for?
2. Does the Applicant understand that payment will not be made for services delivered prior to the effective date of certification(s) and/or registration(s) required by Arizona law, rules, or policy?
3. Does the Applicant agree to obtain, maintain, and comply with any licenses required by Arizona law, rules, or policy for the provision of a developmental disability service applied for?
4. Does the Applicant understand that payment will not be made for services delivered prior to the effective date of any license required by Arizona law, rules, or policy?
5. Has the Applicant or any of its directors, officers, owners, or key personnel had a community developmental disability service or similar service license(s), certification(s) and/or registration(s) revoked, denied or suspended in Arizona or in other states within the past five years? If yes, **submit** an explanation and current status.
6. Has the Applicant or any of its directors, officers, or owners terminated any contracts for cause, had any contracts terminated for cause or been involved in a contract lawsuit related to community developmental disability services or similar services in Arizona or in another state within the past five years? If yes, **submit** a detailed description of such terminations or lawsuits.
7. Are there any suits or judgments pending or entered (within the last five years) against the Applicant or its directors, officers, owners, or key personnel related to the provision of community developmental disability services or similar services in Arizona or in other states? If yes, **submit** a summary of those suits or judgments and describe actions the Applicant has taken to prevent future suits or judgments.
8. Has the Applicant or any of its directors, officers, owners, or managers been convicted of a criminal offense related to Medicare, Medicaid, or the State Children's Health Insurance Program? If yes, **submit** information on the person and the conviction.

9. Have any of the Applicant's key personnel been convicted of a felony within the past 15 years? If yes, **submit** information on the key personnel and the conviction.
10. Has any federal or state agency ever made a finding of noncompliance with any civil rights requirements with respect to the Applicant? If yes, **submit** an explanation.
11. If the Applicant is a corporation, does it own or is it owned by a corporation, and/or is it affiliated with a corporation? If yes, **submit** an organizational chart that demonstrates ownership and/or corporate affiliations.
12. Does the Applicant or any of the Applicant's officers or administrative staff have a relative as defined in A.R.S. § 38-502 who is an employee of the Division with direct or indirect responsibility for the purchasing, authorizing, monitoring or evaluating of community developmental disability services or vendors? If yes, **submit** a statement disclosing the conflict or potential conflict of interest.
13. Is the Applicant required to make a full written disclosure pursuant to the provision of Section 6.4.9 (Substantial Interest Disclosure)? If yes, **submit** a full written disclosure of the proposed payments and amount.
14. Has the Applicant, its directors, or officers been debarred, suspended or otherwise lawfully prohibited from any public procurement activity, or does the Applicant employ, consult, subcontract with or otherwise reimburse for services any person substantially involved in the management of another entity that is now debarred, suspended or otherwise lawfully prohibited from any public procurement activity?
15. Is a suspension or debarment currently pending? If yes, **submit** an explanation.
16. Has the Applicant **submitted** a current Arizona Substitute W-9 Form with this Application?
17. Does the Applicant certify that it did not engage in collusion or other anti-competitive practices in connection with the preparation or submission of the Application?
18. All amendments (if any) to the RFQVA that have been issued are acknowledged by a signature and the signature page of the amendment are **submitted** with the hardcopy application.

19. The applicable document described below is **submitted**:
- (1) A complete audited financial statement
 - (2) For Applicants that do not have an audited financial statement
 - (a) A corporate financial statement; or
 - (b) If a newly formed corporation, the corporate business plan with the personal financial statements of the Director or Chief Executive Officer; or
 - (c) If not a corporation, the personal financial statements of the owners or partners.
20. Are there any judgments, tax deficiencies or claims pending or entered against the Applicant that would require disclosure in an audited financial statement? If yes, **submit** a disclosure statement.
21. Is the Applicant **submitting** the Certificates of Insurance required by Section 6.7.6 with the hard copy of the application?
22. If the Applicant is not submitting the Certificates of Insurance required by Section 6.7.6 with the hard copy of the application, does the Applicant certify that it will submit the required Certificates of Insurance prior to accepting a referral or providing a service?
23. Has the Applicant declared bankruptcy within the last seven years? If yes, **submit** a court approved corrective plan of action.
24. Will the Applicant use a subcontractor(s) to provide services? If yes, **submit** the following information about each subcontractor: subcontractor company name; subcontractor Federal Employer Identification number (FEIN) or Social Security number (SSN); subcontractor contact name; and direct service(s) provided by the subcontractor.
25. Is the hardcopy of the Qualified Vendor Application package a true copy of the information submitted in electronic form to the Division website and does it contain all required attachments?

6. General Vendor Policy Information

As indicated below, the following information shall (is required for the Application) or should (is optional for the Directory) be provided. Note that, except as provided below, optional information may not be requested on the System as it was released for the Application process. The optional information will be made available on the Directory version of the System.

- Information on employment-related benefits provided to direct service staff (optional)
- Information regarding recruitment and training: (all items required)
 - Description of the recruitment and initial training plan for direct service staff (up to ½ page)
 - Description of the on-going training plan for direct service staff (up to ½ page)
 - Description of the back-up plan for direct service staff absences (either preplanned or emergency absence) (up to ½ page)
- Information regarding incident reporting and correction systems: (all items required)
 - Do you have written policies and procedures regarding the reporting of incidents of abuse, neglect, exploitation and injury?
 - Are reporting protocols shared with consumers/families/consumer representatives?
 - How are incidents of abuse, neglect, exploitation or injury reported internally? (up to ½ page)
 - How are incidents of abuse, neglect, exploitation or injury reported externally? (up to ½ page)
 - Who is the responsible person(s) within the vendor's organization for reviewing incident reports?
 - Who is the responsible person(s) within the vendor's organization for notifying a consumer's family/representative of incidents?
 - Describe the internal review process for incident reports and how corrective action is implemented (up to ½ page)
- Description of the complaint/grievance process: (all items required)
 - Do you have written policies and procedures regarding the submission of complaints/grievances?
 - Are complaint/grievance protocols shared with consumers/families/consumer representatives?
 - Is there a specific complaint/grievance form?
 - Who can file a complaint/grievance?
 - Who is the person(s) within the vendor's organization responsible for resolving the complaint/grievance?
 - What is the complaint/grievance response timeline?
 - Describe the complaint/grievance process (up to ½ page)

- Description of the program feedback process: (all items required)
 - How is input from consumers, families and/or consumer representatives encouraged? (up to ½ page)
 - Describe the process used to measure consumer/family/consumer representative satisfaction with services (up to ½ page)
 - Describe how consumers/families/consumer representatives are involved in the hiring and/or evaluation of direct service staff (up to ½ page)
 - Describe how consumers/families/consumer representatives are involved in the evaluation process for the improvement of services? (up to ½ page)
 - Is past feedback available to consumers/families/consumer representatives on request, when considering this vendor?
- Information on consumer involvement: (all items required)
 - Describe all other methods used by the vendor to provide opportunities for consumers/families/consumer representatives to be actively involved in vendor operations (e.g. advisory groups, staff recruitment, staff training and development, monitoring, social events, etc.) (up to ½ page)
 - Is there an active Community Advisory Group(s)?
 - If yes, in which counties/communities are there Community Advisory Groups? (check all that apply)
- Information on internal quality efforts: (all items required)
 - Describe the process used by the vendor to monitor and evaluate the services provided as they relate to the ISP objectives (up to ½ page)
 - Describe the overall vendor approach toward the improvement of the quality and appropriateness of services provided (up to ½ page)

7. **Administrative Sites**

If the Applicant has administrative sites/offices other than the corporate site identified as part of the general information section, when the Directory component of the System is released, the Qualified Vendor must provide the following information: (for the Directory, all items are required)

- Administrative site name
- Mailing address
- Contact name
- Contact telephone number
- After hours contact telephone number
- Contact fax telephone number
- Scheduling/contact hours for each day of the week – Sunday through Saturday

Each Application must have at least one Administrative Site identified before it will be accepted by the System. If an Applicant does not have a separate Administrative Site, the Applicant must create one in the System using the same corporate information entered on the Vendor Application Contract Information screen.

8. Specialized Habilitation with Music Component

The Applicant shall provide the information marked “required” in the Application component of the System or should provide the information marked “optional” in the Directory component of the System.

- Vendor experience for the service (optional)
 - Number of years of DES/DDD service provision
 - Number of years Arizona service provision
 - Number of years out of state service provision
 - Current unduplicated count of adults being provided with the service
 - Current unduplicated count of children being provided with the service
 - Number of full time direct service staff for the service
 - Number of part time direct service staff for the service
 - Median direct service staff years of experience providing the service
 - Median direct service staff years with the vendor
- Description of the program from referral through service delivery (up to ½ page) (required)
- Up to four references from a consumer’s legal representative for the service. The reference information includes the reference name, county/community, and telephone number. The reference information is optional. However, if it is provided, the Applicant ***must*** indicate that the reference has given permission to use them as a reference and that consumers may contact the reference. (optional)
- Responses to the following questions regarding wages: (optional)
 - What is the beginning wage for the direct service staff for the service?
 - What is the average wage for the direct service staff for the service?
 - Is there a salary differential provided, and if so, under what circumstances?
- Descriptions of any changes or additions to the descriptions for recruitment and training, incident reporting and correction systems, complaint/grievance process, program feedback, consumer involvement, and internal quality efforts that were provided in the general information section that are different for the specific service (optional but included on the Application version of the System)

9. Specialized Habilitation with Music Component Site Specific Information

When the Directory component of the System becomes available, the Qualified Vendor will be requested to provide specific information regarding the service provided to specific geographic areas through a particular administrative or corporate office/site. The Qualified Vendor will be provided with a dropdown list of the corporate site and any administrative sites entered into the System previously. The answers to the questions presented relate only to the service being provided by the corporate/administrative site selected from the dropdown list. As indicated below, the Applicant shall (required) or should (optional) provide the requested information for each service provided by or coordinated through each corporate/administrative site:

- Identify the geographic area(s) where this service is provided from this corporate/administrative site on a checkbox-list of counties/communities (required)
- Identify languages spoken by direct service staff - English, Spanish, American Sign Language, and others (optional)
- Identify languages spoken by the administrative staff (in particular, the contact/scheduling person(s)) – English, Spanish, and others (optional)
- Gender preference (male, female, no preference) (optional)
- Provide the number of full time and part time direct service staff for this service in this office and the number of years that the staff has provided this kind of service (optional)
- Indicate if accepting new referrals for adults and/or children (*this is important and should be kept up to date whenever the status changes*) (optional)
- Indicate the experience at this office in providing this service to four age groups (number of consumers served in each group): (optional)
 - 0-3
 - 4-17
 - 18-64
 - 65+
- Any changes or additions to the descriptions for recruitment and training, incident reporting and correction systems, complaint/grievance process, program feedback, consumer involvement, and internal quality efforts that were provided in the general information and service-specific sections that are different for the specific geographic area (optional)
- Identify the training and experience of the staff in this office for this service: (optional)

<ul style="list-style-type: none">○ Alternative communication○ Augmentative communication devices○ Autism○ List specific types of training and experience related to individuals with autism (e.g. PACE, Lovaas)○ Cerebral palsy○ Client intervention training level I	<ul style="list-style-type: none">○ Client intervention training level II○ Epilepsy○ First aid treatments, self recognition of symptoms of illness○ Home accident prevention○ Implementing and following therapy home programs○ Mental retardation
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- Planning, problem solving, and decision making
- Positioning
- Positive behavior support
- Seizure management
- Therapy programs
- Therapy programs-sensory integration (OT)
- Toileting functions
- Universal precautions
- Working with persons with Alzheimer's/dementia
- Working with persons with limitations in hearing
- Working with persons with limitations in movement
- Working with persons with limitations in vision
- Working with persons who are ambulatory
- Working with persons who are not ambulatory
- Other (list)